

MONTANA EMERGENCY MEDICAL SERVICES



FOR CHILDREN & CHILD READY MT

CONNECTION NEWSLETTER

FEBRUARY 2017



This issue has information on February's health awareness topics - Listeriosis and pregnancy, children's anxiety, decision making when faced with angry parent, pediatric disaster trainings and **MORE! TRIVIA-** answer & win a free stuffed beanie baby for pediatric distractions-

First 5 to email answers to Robin [-rsuzor@mt.gov](mailto:rsuzor@mt.gov)

CONGENITAL HEART DEFECT (CHD) AWARENESS WEEK

A National event designed held during the week of February 7-14 is to educate the public and raise awareness about the frequency and effects of congenital heart disease. Some quick facts about congenital heart disease:

- An average of 1 in 110 babies is born with a congenital heart defect,
- Making it the most common of all birth defects,
- CHDs are the most common cause of infant death related to birth defects.
- About 40,000 children in the U.S. are diagnosed each year with a CHD, and about 4,000 (10%)—do not live to see their first birthday.
- More than 35 heart defects have been identified and a baby may have multiple heart defects
- More than 20,000 people with CHD underwent cardiovascular surgery in 2010 in North America. Of those, **about 55 % were newborns or infants and about 38 % were children between 1 and 18 years old.**

Common symptoms of CHD include problems breathing, pounding heart, weak pulse, very pale or blue skin color, poor feeding, lethargy and extreme sleepiness. Websites: UFHealth.org; conqueringchd.org; achaheart.org; heart.org; nlm.nih.gov; cdc.gov.

SCREENING FOR CCHD SAVED MY LIFE

In my first week of life I was an inpatient at three different hospitals, flew in a helicopter and had open heart surgery. My CHD could have been a death sentence...



but thanks to developments in care for children with CHDs I can grow up to be President ...or at least play one on TV. ~Nick Basken

CONGENITAL HEART DEFECTS ARE COMMON --In Montana, there are on average 112 babies born with a heart defect each year.

CONGENITAL HEART DEFECTS ARE CRITICAL -- In Montana, average of 9 deaths each year are attributed to heart defects.

For more information see the Montana fact sheet at https://www.aap.org/en-us/Documents/chphc/chphc_factsheet_montana.pdf

PRENATAL INFECTION PREVENTION MONTH --LISTERIOSIS AND PREGNANCY

Pregnant women are about 10 times more likely than the general population to get a serious infection called Listeriosis. Listeriosis is a rare but serious infection caused by eating food contaminated with bacteria called *Listeria*. Listeriosis mostly affects pregnant women, newborns, older adults, and people with weakened immune systems. **Pregnant women are 10 times more likely** than other people to get Listeriosis. About 1 in 6 cases of Listeriosis are associated with pregnancy.

Pregnant women typically experience only fever and other flu-like symptoms, such as fatigue and muscle aches. (see "[What are the symptoms of listeriosis?\(https://www.cdc.gov/listeria/definition.html\)](https://www.cdc.gov/listeria/definition.html)"). However, infections during pregnancy can lead to miscarriage, stillbirth, premature delivery, or life-threatening infection of the newborn. In general, you [can protect yourself and/or others from Listeriosis](#) by following these guidelines:

- **Avoid eating cheese made from unpasteurized milk.** Soft cheeses made with pasteurized milk, including commercial cottage cheese, cream cheese, and mozzarella, are generally regarded as safe. However, some soft cheeses made with pasteurized milk, including Hispanic-style soft cheeses, have become contaminated with *Listeria* during processing. This could occur again.
- **Avoid raw (unpasteurized) milk.**
- **Do not eat raw or lightly cooked sprouts of any kind** (including alfalfa, clover, radish, and mung bean sprouts).
- Eat cut melon right away or refrigerate it at 40° F or colder and for no more than 7 days. **Throw away cut melons left at room temperature for more than 4 hours.**
- **Avoid eating hot dogs, lunch meats, cold cuts, other deli meats (such as bologna), or fermented or dry sausages unless they are heated to an internal temperature of 165°F** or until steaming hot just before serving. Don't let juice from hot dog and lunch meat packages get on other foods, utensils, and food preparation surfaces. Wash hands after handling hot dogs, lunch meats, and deli meats.
- **Do not eat refrigerated pâté or meat spreads** from a deli or meat counter or from the refrigerated section of a store. Foods that do not need refrigeration, like canned or shelf-stable pâté and meat spreads, are safe to eat. Refrigerate these foods after opening.
- **Do not eat refrigerated smoked seafood** unless it is in a cooked dish, such as a casserole, or unless it is canned or shelf-stable.

If a pregnant woman has a fever and other symptoms of possible Listeriosis, such as fatigue and muscle aches, within two months after eating a possibly contaminated food, seek medical care. A health care provider can give antibiotics that can protect the fetus or newborn. If a person ate food possibly contaminated with *Listeria* and does not feel sick, most experts believe there is no need for tests or treatment. [Foodsafety.gov checklist: Foods to avoid during pregnancy](#); [Information from USDA: Protect your baby and yourself from listeriosis](#); <https://www.cdc.gov/listeria/prevention.html>.

MENTAL HEALTH DISORDERS

"**Mental Disorders In Children: CDC Releases First-Ever Report.**" Up to 20 percent of children in the U.S. suffer from a mental disorder, and the number of kids diagnosed with one has been rising for more than a decade, according to a report released by the U.S. Center for Disease Control and Prevention.

In the agency's first-ever study of mental disorders among children aged 3 to 17, researchers found childhood mental illnesses affect up to one in five kids and cost \$247 billion per year in medical bills, special education and juvenile justice.

Children with mental disorders - defined as "serious deviations from expected cognitive, social, and emotional development" - often have trouble learning in school, making friends, and building relationships later in life, the report said. **They are more likely to have other chronic health problems, such as asthma and diabetes**, and are at risk for developing mental illnesses as adults.

"**This is a deliberate effort by CDC to show mental health is a health issue.** As with any health concern, the more attention we give to it, the better. [Link to Article](#)

KIDS' CARE MAY SUFFER WHEN PARENTS CLASH WITH MEDICAL STAFF

A recent study published online Jan. 10 in the journal *Pediatrics* has shown that Doctors and Nurses made worse decisions when confronted by 'an angry mother'. Rude parents can rattle medical staff enough to compromise the quality of care their critically ill child receives.

Medical teams in a neonatal intensive care unit made worse decisions during simulated emergency scenarios if they had been treated rudely by an actress playing the role of an angry family member. Exposure to rudeness may explain about 40 percent of the variance in good medical decision-making between different teams in the study.

In the study, four medical teams at a teaching hospital performed five emergency scenarios. **Three of the teams started their day confronted by a "mother" who accused them of misdiagnosing her child.** One team received no preparation for the encounter. The second team took part in a 20-minute computer game beforehand that exposed them to angry and happy faces, providing feedback that made them less sensitive to hostile emotions. The members of the third team were asked to write a narrative about the rude event. The fourth team served as a "control" group, and was not exposed to rudeness.

Earlier studies have shown that rudeness from an authority figure can affect a medical team's performance, and this study revealed that rudeness from a parent can also cause doctors and nurses to make poor decisions. Researchers also found that doctors and nurses could "inoculate" themselves against potential rudeness by taking part in computer training that decreased their emotional sensitivity. Writing a narrative about the rude event had no benefit on performance.

These findings show that doctors and nurses are human beings vulnerable to the effects of harsh emotions and it is compounded by high-stress environments. To read the full report - Jan. 10, 2017, *Pediatrics*, online.

"ANXIETY OR AGGRESSION--When Anxiety in Children Looks Like Anger, Tantrums, or Meltdowns"

Anxiety can be a masterful imposter. In children, it can sway away from the more typical avoidant, clingy behavior and show itself as tantrums, meltdowns and aggression. As if anxiety wasn't hard enough to deal with! When children are under the influence of an anxious brain, their behavior has nothing to do with wanting to push against the limits. They are often great kids who don't want to do the wrong thing, but they are being driven by a brain in high alert.

If we could see what was happening in their heads when anxiety takes hold like this, their behavior would make sense. We would want to scoop them up and take them away from the chaos of it all. Of course, that doesn't mean that they should be getting a free pass on their unruly behavior. Their angry behavior makes sense, and it's important to let them know this, but there will always be better choices they are capable of making.

Once kids have a more solid understanding of why they do what they do, they will be well on their way to finding a better response. Here's where the adults in their lives will make a critical difference. Parents, grandparents, teachers, (healthcare providers) - **anyone who is able to understand and respond to their behavior as something driven by anxiety, rather than 'naughty' behavior, will be helping them to find healthier, stronger, more effective ways to respond to the world.** All kids have it in them to do this, but anxiety can have a sly way of stealing the attention from their strengths. [Link to Article](#)

MEMSA REFRESHER

THE MONTANA EMS ASSOCIATION'S (MEMSA) WINTER REFRESHER WILL BE HELD AT THE RADISSON HOTEL IN HELENA ON FEBRUARY 23-26, 2017. PEDIATRIC SESSIONS WILL BE INCLUDED. MEMSA's Mission is to promote excellence in the pre-hospital Emergency Medical Services of Montana.

REGISTER TODAY! <http://www.memsa-vitals.org/index.html>

CULTURAL COMPETENCY CURRICULUM FOR DISASTER PREPAREDNESS AND CRISIS RESPONSE

Research shows that cultural minority groups suffer disproportionately during every phase of a disaster. This e-learning program will equip you with the knowledge, skills, and awareness to best serve all individuals, regardless of cultural or linguistic background sponsored by the Culturally and Linguistically Appropriate Services (CLAS.) This is a free, online educational program accredited for disaster and emergency personnel.

Target Audience

- EMT/First Responders
- Emergency Managers
- Psychologists and Psychiatrists
- Social Workers
- Dentists
- Any disaster or emergency response personnel interested in learning more about culturally and linguistically appropriate services

Overview

- **Course 1** provides an introduction to CLAS and its relevance to disaster preparedness and crisis response.
- **Course 2** covers how to provide CLAS during the preparation phase of a disaster, including conducting a community needs assessment.
- **Course 3** covers how to provide CLAS during the response phase of a disaster, including meeting physical and mental health needs.
- **Course 4** covers how to provide CLAS during the recovery phase of a disaster, including rebuilding neighborhoods.

Credit Designation- EMT/First Responders - 9 hours --This continuing education activity is approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) for 9 CEH First Responder. CECBEMS #: 15-CECB-F3-4925 Provider #: PCIMI2800.

Cultural Competency Curriculum for Disaster Preparedness and Crisis Response is also available as a small group learning activity! When you complete the entire e-learning program, you are eligible to become a [Small Group Learning Facilitator](#). Facilitators present the Course material in a small group learning format using:

- Specially-designed facilitation materials, including slides, talking points, activities, and handouts.
- A separate website to create your class and sign up your participants. This way, your participants can earn continuing education credits for completing a Course with you.

The Small Group Learning option is a great way to share this program's content with your colleagues in person. It allows you to:

- Discuss the concepts presented.
- Share ideas and questions with each other.
- Complete learning activities together.

To learn more or get started, please visit the [Small Group Facilitator website](#) after you've completed the Cultural Competency Curriculum for Disaster Preparedness and Crisis Response. You will log in to this Facilitator website using the same username and password you created for the e-learning program.

To access the [Small Group Participant website](#), and to get started, please visit the Small Group website after your Facilitator has added you as a Participant to their Small Group Session.

2017 National Seasonal Preparedness Messaging Calendar Now Available

The [2017 National Seasonal Preparedness Messaging Calendar](#) is available now. The calendar includes important messages to aid in providing valuable content in promoting preparedness all year. This resource includes messaging that may be adapted to your local area. Click here to [download the calendar](#) and promote year-round preparedness today!



www.QuitNowMontana.com

[Click here to Order Free Quit Line Materials](#)

**For help quitting all commercial tobacco products, call
1-800-QUIT-NOW (1-800-784-8669) or visit
www.QuitNowMontana.com**

MONTANA TOBACCO QUIT LINE SERVICES are:

- Staffed 7 days a week: **5:00 AM to 11 PM, MST** with 24 hour voicemail. Please leave a message and we will call you back!
 - A **FREE** personalized quit plan
 - 5 **FREE** pro-active cessation coaching sessions
 - 8 weeks of **FREE** nicotine replacement therapy (NRT) (gum, patches or lozenges). Callers who enroll in Quit Line services may be eligible for up to 8 weeks of free NRT. The Quit Line will explain to the caller how and when these medications will be mailed out.
 - Chantix at a **REDUCED COST** (\$25 co-pay per month for three months)
 - Bupropion at **REDUCED COST** (\$5 co-pay per month for three months)
 - **FREE educational materials for health care providers as well as friends and families of tobacco users**
 - [Printable Montana Quit Line Fact Sheet](#)
-
- **Dedicated Female Coaches!** [Quit Now Montana Pregnancy Program](#) offers pregnant and postpartum callers a personal quit coach, extended coaching calls with cash incentives, 6 weeks NRTs during pregnancy and additional weeks of NRTs postpartum. Call 1-800-784-8669 to enroll today.
 - **New!** [American Indian Commercial Tobacco Quit Line](#) with a dedicated line **1-855-372-0037** and web based enrollment www.MTAmericanIndianQuitline.com. The service connects callers with Native Coaches, offers 10 weeks free counseling, free Nicotine Replacement Therapy, and reduced cost cessation medications. The call line is dual-staffed 7 days a week 10:30AM to 5:30PM. (Callers may experience wait time and may need to leave a message to receive a call back from the trained coaches.)

Provider Resources --A fax referral system for health care providers who have patients that want to quit using tobacco (see provider resources)

Refer a Patient: To refer a patient to the Montana Tobacco Quit Line please print out the [referral form](#), fill it out and fax it to 1-800-261-6259.



American Indian Quit Line
Magnets



General Posters Option B



Pregnancy Brochure

[Click here to Order Free Quit Line Materials](#)



People from all over the state have quit tobacco with help from 1.800-784-8669. They did the smart thing and took advantage of a free service that gave them support, coaching, quit tips and nicotine patches, gum and lozenges. Note that the names have been changed to protect people's identity, but the stories are real.



AMERICAN INDIAN
Commercial Tobacco Program

AMERICAN INDIAN PROJECT

Addressing the needs of American Indian Tribal Members on and off Montana's Reservations in regards to Commercial Tobacco Addiction. "The diseases caused by tobacco addiction remain the leading causes of death in the United States and in Montana ... Tobacco use impacts every system of the body causing many diseases such as heart disease, COPD and several types of cancer. Tobacco also complicates serious health conditions such as diabetes, hypertension, asthma, mental illness and substance abuse." - Richard H. Opper, former Director, Department of Public Health and Human Services (**Montana Tobacco Use Prevention Program {MTUPP}** Progress Report, July 2014-June 2016).

Commercial tobacco use hits every area of Native communities. **Highest rates of cigarette use, high rate of smokeless tobacco use, and a high rate of use among youth.** Following the goals of MTUPP and CDC Best Practices, the American Indian Tobacco Prevention Specialists educate local communities and members on the traditional intent and use of tobacco plants which helps to break the bonds with commercial tobacco companies and the high-cost of nicotine addiction. Understanding and participating in cultural activities, promoting native language development and hosting local events begin to pave the way to a life free from nicotine dependence. [American Indian Tobacco Prevention Specialists Contact Information.](#)

American Indian specific resources, like [Cessation and Recovery from Commercial Tobacco Addiction](#), provide tribal perspective to the burden of commercial tobacco in Native communities, [Order Online.](#)

The annual *Youth Gathering of American Indians, Living in Two Worlds* hosted by American Indian Tobacco Prevention Specialists is using an evidenced-based best practice for substance abuse prevention; the holistic approach to wellness is a traditional part of AI/AN belief systems, every community member is of value in empowering the community and the Youth Camp is a safe place to share, heal and plan for action. Read more below.

[What is the American Indian Commercial Tobacco Quit Line?](#) [American Indian Youth Camp](#)

Resources- Below is fact sheets, video clips, and American Indian prevention lessons that may be used for further education.

- [American Indian Tobacco Use Fact Sheet](#)
- [Traditional & Commercial Tobacco Fact Sheet](#)
- [American Indian Tobacco Use Prevention Brochure](#)
- [Youth Tobacco Prevention Video](#)
- [Youth GONA Camp 2015 Video](#)
- [Smoke from the Pipe Video](#)
- [Native Games Booklet](#)
- [Buffalo and Porcupine Video](#)
- [Buffalo and Porcupine Lesson Plan](#)
- [The Sacred Circle of Tobacco Lesson Plans](#)
- [National Native Network - Keep It Sacred](#)



Schedule Cultural Awareness in-person trainings by calling Kassie Runsabove at 406-238-6216 or Kassie.runsabove@sclhs.net

Black History Month - February

2017 THEME: THE CRISIS IN BLACK EDUCATION

Education and education policy have a profound effect on the health of any community. Educational achievement is linked with higher incomes and better health outcomes, while poverty, poor health and lack of access to health care can affect a child's potential for academic success.

During Black History Month, OMH joins our partners around the nation in bringing attention to the crisis in black education as a critical factor in eliminating health disparities and advancing health equity. From policies that reduce early childhood suspensions and expulsions to initiatives that increase representation in STEM fields, we stand together to support strong schools and diversity in health professions.

Logon to <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=13>

READY OR NOT? PROTECTING THE PUBLIC FROM DISEASES, DISASTERS AND BIOTERRORISM

Infants, children and pregnant women are "at increased risk" when disease, disaster and bio-terrorism strikes. For children improving immunization rates for children and adults is identified as **key to improving capability**. Check out the state by state report at <http://healthyamericans.org/reports/readyornot2016/>. Montana has 6 out of 10.

Reconsider **health system preparedness for new threats and mass outbreaks** by developing stronger coalitions and partnerships among providers, hospitals, insurance providers, pharmaceutical and health equipment businesses, emergency management, and public health agencies including improving rates of **vaccinations for children and adults** - which are one of the most effective public health tools against many infectious diseases.

FEBRUARY IS TEEN DATING VIOLENCE AWARENESS MONTH

In 2015, nearly 10 percent of high school students in a relationship experienced physical violence by their partner within the past twelve months (CDC - 2015 YRBS Data). You can participate on Twitter with #teenDVmonth. Let's work to prevent teen dating violence by spreading awareness, resources, and research.

[More information on Teen Dating Violence Awareness Month from Love Is Respect](#)

Upcoming Love Is Respect Webinar: [Teens Helping Teens: Empowering Young People to Support Each Other](#), February 23, 4:30-5:30 p.m. ET

CSN Resources

Archived Webinar: [Preventing Adolescent Dating Abuse: Research and Practice](#)

Blog Post: [New Research on the Science behind Teen Dating Violence and What Educators and Public Health Officials Can Do to Stop It](#)

PEDIATRIC DISASTER RESPONSE AND EMERGENCY PREPAREDNESS"

The Montana EMS for Children (EMSC) and Child Ready MT will host the 16-hour course developed by the Texas A&M Engineering Extension Service and the National Emergency Response and Rescue Training Center (TEEX.) DATE: June 16-17, 2017 in Missoula MT (Course #: MGT439)

FREE in-person TRAINING!!!!

COURSE DESCRIPTION: This course prepares students to effectively, appropriately, and safely plan for and respond to a disaster incident involving children. **The course addresses the specific needs of pediatric patients in the event of a community-based incident.** This is not a hands-on technical course, but instead a management resource course for stakeholders like pediatric physicians, emergency managers, emergency planners, and members of public emergency departments like EMS, Fire, Police, Public Health, and Hospitals in the field of disaster response and preparedness work.

TOPICS:

- | | |
|--|--|
| . Introduction to Pediatric Response | Emergency Management (EM) Considerations |
| . Implications for Planning and Response | Functional Access Needs Considerations |
| . Mass Sheltering | Pediatric Triage |
| . Allocation of Scarce Resources | Pediatric Reunification Considerations |
| . Pediatric Decontamination Considerations | |

REGISTRATION IS LIMITED TO 80 PARTICIPANTS. REGISTER NOW TO SAVE YOUR PLACE!

Registration form is located at: <http://dphhs.mt.gov/publichealth/EMSTS/calendar.aspx>.

Submit the completed Registration Form to Robin Suzor, MT EMSC Program Manager, PO Box 202951, Helena MT 59620, or by fax to (406) 444-1814 Attn: Robin Suzor; Or electronically to rsuzor@mt.gov.

EMERGENCY PEDIATRIC CARE COURSE (EPC)

EPC is a NAEMT course for BLS and ALS providers. This course is designed to help providers with common pre-hospital emergency pediatric encounters. EPC is offered at free through funding provided by the Montana State EMS for Children/Child Ready MT Program.



16 hours of accredited pediatric contact time awarded for course completion.

This is a hybrid course. Students **must complete** the 8 hours of online training **prior** to the scheduled day of skills and simulation. **Access to the online course will be E-mailed to students within three days of course registration. A \$75.00 deposit is required to reserve a space in the course—you are not charged if you attend the in-person skills class.** If you would like to host an EPC course in your area, email rsuzor@mt.gov for more information.

Please forward this announcement to anyone who may be interested. This is a great opportunity for **FREE PEDIATRIC EDUCATION.**

REGISTER TODAY FOR THE FEBRUARY 28, 2017 COURSE IN LAME DEER

MARCH 11, 2017: BIG TIMBER EPC COURSE

APRIL 3, 2017: BROWNING EPC COURSE

MAY 2017: FLATHEAD AREA

To register go to <http://www.bestpracticemedicine.com/emergency-pediatric-care/>

CROWD MANAGER TRAINING

When emergencies or even perceived emergencies – happen in crowded conditions, people are much less likely to behave logically or safely. Crowd managers can either be with a public safety department or be someone employed with a business or venue that hosts large crowds regularly.

But besides being just a good idea, the National Fire Protection Association (NFPA) 101 Life Safety Code (13.7.6.1) and the International Fire Code (403.12.3) both require a trained crowd manager at most events over a certain size. Some states have stricter requirements on top of those. Duties include inspection of the area to identify egress barrier and mitigate fire hazards; checking permits; directing and assisting with any evacuation; and other duties required by the fire code official.

There are several options for code-compliant training. CrowdManagers.com is supported and endorsed by the National Association of State Fire Marshals, among other associations, and provides a 2-hour course with certification. The International Association of Venue Managers also has an online course with certification and associated continuing education.

A few states and local jurisdictions also offer training and information that can be of assistance regardless of where you live and work. Maryland has a page through its state police site and North Carolina hosts its own training. After the Station Nightclub fire in 2003, Massachusetts strengthened its laws to enhance fire safety in venues. It discusses these changes on its site, lists training and code requirements, and talks about the expectations of the venue owner. (Source: IAVM)

DISTRACTION TOOLS OR TOYS

Appropriate distraction and trust-building tools such as **stuffed animals** or search-and-find distraction books can **assist children in coping with medical emergencies**. Children can use stuffed animals to comfort themselves when they're scared. The toys also are valuable to EMS, who can use them as diagnostic tools. The furry toys can be kept on ambulances and used at emergency scenes. EMRs can use the animals to calm a child who is injured, scared or traumatized. More importantly, the toys can help children communicate their injuries. Often at car crashes or scenes where children are scared, they are unable to talk. EMS or first responders can have the children point to the area on the animal where they are hurting. **Children who are scared need something to cling to, and to have these available is invaluable.**

TRIVIA

Answer the trivia and win a **FREE STUFFED ANIMAL/beanie baby** (for distractions for kids) -to the first 3 to email answers to Robin -rsuzor@mt.gov **NOT** to the listserve.

1. Name one way children show anxiety.
2. What is the Montana Quit Line telephone number?
3. How many heart defects have been identified?
4. What is EPC?
5. What dates are the in-person Montana Pediatric Disaster and Emergency Response Training?



EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM, MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS, P.O. BOX 202951, HELENA, MT 59620 -
CONTACT INFORMATION: rsuzor@mt.gov or (406) 444-0901

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